

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-592,979

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	3					
5	(D)					
6	(D)					
7	(D)					
8	(D)					
9		1				
10			1			
11			1			
12			1			
13			1			
14			1			
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	9	←	8	←		←
TOTAL CLAIMS	10		9			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						